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Removal of a Cyst from the Neck of the Bladder of a Dog

Peter Bendorf
Iowa State College

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Forelimb Amputation on a Boston Terrier. On Sept. 14, 1951, a 3-year-old female Boston Terrier was admitted to Stange Memorial Clinic with a history of having been hit by a car six weeks previously. Upon entry to the clinic, the patient had a paralyzed right shoulder. Permission was given for amputation in the event that it was necessary.

Examination revealed the condition to be due to radial paralysis of the right forelimb. Amputation of the limb was scheduled for the next day.

The next day the terrier was placed on the operating table and anesthetized with pentobarbital sodium. An incision was made through the skin of the right limb and the muscles dissected away from the humerus. The large vessels were ligated and the fossa of the scapula was scraped, freeing the fossa of any joint capsular tissue. The muscles were sutured to the pectoral region and the skin incision was closed with interrupted sutures. 400,000 units of procaine penicillin G in oil were given intramuscularly at the completion of the surgery.

The next day the patient was observed and it was noted that the incision was dry and beginning to heal. Similar observations were made on the second day after surgery plus the fact that the patient was active and alert. Another 400,000 units of procaine penicillin G in oil were given intramuscularly.

On the third day after the amputation the patient's temperature was 102.2°. The incision was clean and closed, with little swelling in the area. The next day the wound was observed to be moist and slightly swollen but the patient active and alert. Four hundred thousand units of procaine penicillin G in oil were given intramuscularly. On the fifth day the incision was fairly dry with swelling at the posterior border. The sutures were still in place.

On September 21st, the sixth day after amputation, the patient's temperature was 103.6°. Two sets of three sutures each were removed from the incision; one set posteriorly and the other set medially. Expression of the incision revealed the

presence of some hemorrhage. Four hundred thousand units of aqueous procaine penicillin G were injected intramuscularly. Daily massage of the area was recommended.

The following day sero-hemorrhagic exudate was observed coming from the incision. The temperature was down to 100.8°. One-half million units of procaine penicillin G in oil were given intramuscularly. On the eighth day after amputation, exudation was still apparent and was present until the thirteenth day. For better drainage the incision was opened on the eighth day, while not removing any additional sutures. Temperature on the ninth day post-surgery was 101°. Penicillin ointment was applied where possible on the tenth day. On the eleventh day firm swelling around the wound was noted with exudate coming from the central part of the wound. The balance of the sutures in the anterior part of the wound were removed and every other suture removed from the remaining portion. Penicillin ointment was applied. The temperature was 100.6°.

On the twelfth day little change was noted. Temperature was normal and there was slight discharge. The next day the remaining sutures were removed. Most of the sutures were removed on the sixth and eleventh days after amputation. The next day a small scab was noted over the area which had been draining. The temperature was normal.

For the next eight days to the date of discharge the patient convalesced nicely with normal temperature, respiration and pulse. During that time it was in good spirits, alert, playful, and had a good appetite. On October 7th, the patient was discharged.

Harvey J. Peterson '53

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Removal of a Cyst from the Neck of the Bladder of a Dog. On Sept. 23, 1951, a 9-year-old female Collie was admitted to the Stange Memorial Clinic.

This case was referred to the clinic by a local veterinarian with a history of the abdomen filling with fluid and difficulty in urinating and defecating.

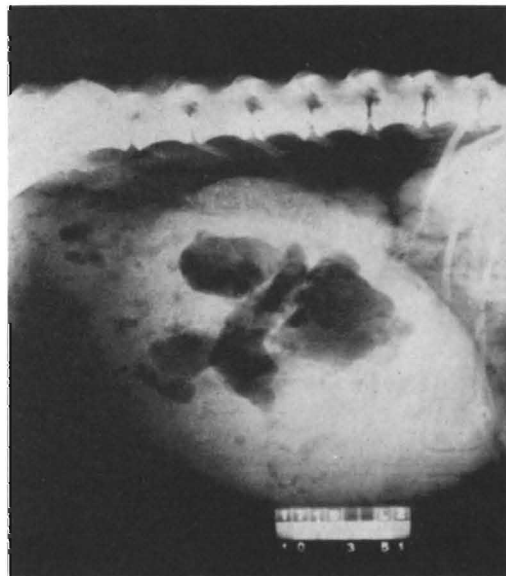
On September 24, the patient's abdomen was tapped and 2 pts. of amber colored fluid were removed. Two days later the patient was x-rayed and a tentative diagnosis of pyometra or metritis was made. The patient was catheterized and a small amount of normal appearing urine was obtained. This was negative for albumen and showed an acid reaction of pH 5.5. Laboratory examination of the blood revealed the following information:

Sedimentation rate	39 mm/hour
Hematocrit	45 mm
Blood urea	20 mg/100 cc
White cell count	14,360
Differential count:	
Eosinophils	0.7%
Neutrophils	91.4%
Segs	27.7%
Stabs	63.7%
Monocytes	2.1%
Lymphocytes	5.7%
MacLagen liver function	6

Normal values, according to those used in this clinic, are as follows:

Sedimentation rate	1-10 mm/hour
Hematocrit	42.0 ± 0.49
Blood urea	10-20 mg/100 cc
White cell count	11,620
Differential count:	
Eosinophils	6%
Neutrophils	64%
Segs	58%
Stabs	6%
Monocytes	4.5%
Lymphocytes	25%
Basophils	0.5%
MacLagen liver function	3-5

On September 29, the patient's abdomen was again tapped and 4 pts. of coffee colored fluid were removed. On October 1, the patient showed a fever of 103° and an increased respiratory rate. Once again the abdomen was tapped and 3 pts. of coffee colored fluid were withdrawn. On this date a purulent exudate from the vulva was noted and a large mass was palpated in the abdomen. On October 2, only a few drops of coffee colored fluid were obtained from the abdomen when it was tapped. The patient had a fever of 104°, and considerably more exudate was



Radiogram of the abdominal region showing the neoplasm.

noted discharging from the vulva. On October 4, the temperature was still 104°. Three hundred thousand units of penicillin in oil and 0.5 gm. of streptomycin were given intramuscularly. The following day the same dosage of these drugs was repeated. The fever was reduced to 103.5°, the patient was very depressed, and a decubitus ulcer was noted on one leg. The mass within the abdomen was described as being balloon shaped, extending forward from the pubic region, and filling the posterior abdominal region. On October 8, the patient was so depressed that she would neither rise nor sit up with support.

On October 10 the patient was prepared for an exploratory laparotomy. The abdomen was shaved, washed, defatted with ether, and sprayed with 70 percent alcohol. The patient was placed under ether anesthesia, and a 12 in. abdominal incision was made. A large neoplastic like mass, approximately 20-25 cm. in diameter, attached to the neck of the bladder by a small pedicle and lying in the abdominal cavity was observed. All blood vessels supplying the mass were ligated and the cyst was removed.

The muscle and peritoneum were su-

tured with No. 3 catgut by continuous sutures, and the skin was sutured with continuous and interrupted sutures (non-absorbable). Whole citrated blood, 100 cc, was given intravenously every 30 minutes for the first one and a half hours after surgery. Epinephrine hydrochloride, 1 cc. of 1:1000, was given.

The cyst was examined and found to have a firm, white, heavy capsule 1-2 cm. thick which appeared to surround a cavernous cystic mass containing a sanguinous exudate. There were large areas of necrosis throughout the mass. Histological studies revealed that this was a neoplasm.

On the following day the patient was very depressed, had very pale mucous membranes, and vomited when she attempted to eat. One hundred cc. whole citrated blood were given. Because the patient showed signs of mild shock immediately after the blood transfusion, 1 cc. of 1:1000 adrenalin was injected subcutaneously. In about 5 minutes the patient raised her head, began licking the abdominal wound and the decubitus ulcers, and drank about 1 pt. of water. On the fourth day after surgery the patient was again given 100 cc. of blood. Her appetite was normal and urine was present in the kennel.

The patient's condition continued to improve slowly. She was given 100 cc. of blood on the sixth and seventh post-operative days. The continuous nylon suture and every other interrupted suture was removed on the eighth day after surgery. On the tenth post-operative day the remaining sutures were removed and the patient took a few steps unassisted. The patient's condition continued to improve, and she was discharged on October 25, 15 days after surgery.

Peter Bendorf '53

7 **Cystitis in a Bovine.** A Hereford cow, age 5½ years, was admitted to Stange Memorial Clinic on Oct. 20, 1951, for sterility examination with a history of having been bred several times. The cow had been purchased and at the time of purchase was with calf. She gave

birth to a normal healthy calf, but would not conceive subsequently.

A sterility examination revealed the posterior end of the cervix to be enlarged, indicating a chronic hypertrophic cervicitis. The uterus was abdominal and bilaterally symmetrical but did not show any signs of the congestion of estrus although the owner stated the cow should have been in heat on the day of examination. The right ovary came out of the ovarian bursa normally and contained neither palpable follicles nor corpora lutea. The left ovary showed no adhesions to the ovarian bursa and contained a large corpus luteum on the free pole. A tentative diagnosis of a cystic corpus luteum on the left ovary and a chronic hypertrophic cervicitis was made.

During the course of the sterility examination, it was noted that the urine passed was viscid, cloudy and dark colored. Urine was collected for urinalysis and bacteriological culture because *Proteus ammoniae* or *Corynebacterium renale* urinary infection was suspected.

No medication was attempted pending laboratory findings. The bacteriological examination of the urine revealed the presence of *C. pyogenes*. The urinalysis revealed the following:

Reaction pH	8.0
Albumin	++
Sugar	Negative
Acetone	Negative
Blood	Negative
Sediment	Leucocytes and bacteria

On the basis of these laboratory examinations a diagnosis of cystitis was made and the owner was notified of these findings in addition to the results of the sterility examination.

Terramycin therapy was started on Nov. 8, 1951. Two gm. of terramycin hydrochloride were injected intravenously daily for three consecutive days. Two days after the last treatment another urine sample was sent to the laboratory for culture. The urine culture still showed the presence of *C. pyogenes*. The patient was discharged from the clinic on Nov. 16, 1951, with a recommendation for slaughter.

Meredith H. Moore '53